

County of San Diego
Student Worker Program Student Unit Load Verification

STUDENT'S NAME: _____ **SSN:** _____

If continuing/returning Student Worker, Employee ID No: _____

ALTERATIONS WILL INVALIDATE THIS FORM

HIGH SCHOOL

Name of School: _____

Is Student full time: ☐ Yes ☐ No

Expected Graduation Date: _____

Verified by: _____
(Registrar's Signature)

Date: _____

Verified by: _____
(Registrar's Signature)

Date: _____

COLLEGE/UNIVERSITY (To be completed by College/University Registrar)

College/University Name: _____

Check one from each row:

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate		
<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter		
<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall

Is Student full time: ☐ Yes ☐ No

Note: If student is not attending full time summer session, registrar should verify previous semester/quarter.

Current Unit Load: _____
Accumulated Completed Units _____
Expected Graduation Date: _____

School
Seal

Accredited by: _____

Verified by: _____
(Registrar's Signature)

Date: _____

CALWORKS: Students must attach documentation verifying classes attended, classes currently enrolled in and future coursework. A letter from a Job Developer or Employment Case Manager giving the student permission to work must also be submitted.

In order to apply for student worker positions, applicants must be full time students. It is the responsibility of each student to take the Student Unit Load Verification (SULV) form to his or her respective school, college or university. The SULV form must be completed, signed, dated and stamped by the registrar. If employed, it is the student's responsibility to have their enrollment re-verified every quarter or semester. Full-time students who reduce their unit load to less than full time or drop out of school, are no longer eligible to be employed and will be terminated. It is the student's responsibility to keep their hiring department informed as to changes to unit load.

STUDENT DECLARATION: All answers and statement in this document are true and complete to the best of my knowledge and belief. I declare that this form has been verified and validated by authorized personnel at my educational institution. I understand that falsified information will automatically be cause for rejection of my application and/or dismissal from student worker employment.

Student's Signature

Date